

UNITED STATES ACADEMIC DECATHLON®  
 SUPPLY GRANT AUTHORIZATION FORM  
 ISSUED THROUGH 

Our school is requesting to be considered for a *Supply Grant*, issued through the United States Academic Decathlon®.

The ‘grant kit’ includes the following necessary curriculum materials issued in Electronic Download format only:

- ◆ Coaches Handbook
- ◆ Curriculum Package:
  - ✓ Study Guide
  - ✓ Science Resource Guide
  - ✓ Art Reproductions Booklet
  - ✓ Social Science Resource Guide
  - ✓ Art Resource Guide
  - ✓ Music Resource Guide
  - ✓ Economics Resource Guide
  - ✓ Music CD
  - ✓ Literature Resource Guide
  - ✓ Practice Test Booklet w/ CD
  - ✓ Mathematics Resource Guide

**Note:** This year’s novel is not included in the grant package. The novel may be purchased from USAD.

Please respond to the following questions with a yes/no answer. Date application completed: \_\_\_\_\_

1. Is the state Academic Decathlon® organization waiving its fee for the school to participate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the school officially registered with the state of participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the school assigned a teacher/coach to the Decathlon team?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this agreement, our school certifies that we are a new school or a returning school that has not participated in the Decathlon in the past ten years.

We hereby certify that our school is formally registering for the 2014-2015 United States Academic Decathlon® curriculum year.

**Please return completed form to your state director who will forward to USAD for processing.**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  

Street
City
State
Zip

School Phone: \_\_\_\_\_ County: \_\_\_\_\_ School District: \_\_\_\_\_

Type of School:    Public    Private    Charter    Other (explain) \_\_\_\_\_

Grades Served (Mark all that apply):    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>   School Enrollment (Equal to marked boxes): \_\_\_\_\_

Coach: \_\_\_\_\_ School Principal: \_\_\_\_\_

Coach’s Phone: \_\_\_\_\_ Coach’s Email: \_\_\_\_\_

Coach Signature (required): \_\_\_\_\_

Principal Signature (required): \_\_\_\_\_

State Director Signature (if applicable) \_\_\_\_\_